## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0307	2	Deer Park Elem		15	EL		
Proposed Restricte	ed Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief	have reviewed the ind	rect cost rate proposa	al submitted herewit	th and to the bo	est of my		
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
Printed Name of Aut	No mino di Official		2105 Middle Road		. O. d.		
Printed Name of Aut	inorized Official		City	Z1f	Code		
			Columbia Falls	59	912		
Title			Date				
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Ap	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0308	3	Fair-Mont-Egan Eler	n	15	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claimed	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			797 Fairmont Roa			
Printed Name of Aut	horized Official		City	Zij	o Code	
			Kalispell	59	901	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-28	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арр	proved Rate for FY20	04	Date Approved			
			Signature			

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level			
0309	4	Swan River Elem		15	EL			
Proposed Restricte	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)							
application should be	ISTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate oplication should be submitted for the elementary and high school district. A copy of this certification will be sturned upon approval of your rate.							
This is to certify that I knowledge and belief:	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accordan A-87, "Cost Principles	in this proposal to esta ce with the requiremer for State and Local Go he attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OME en adjusted in	3 Circular			
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.								
	going is true and corre							
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box					
Printed Name of Aut	horized Official		1205 Swan Highway  City  Zip Code					
Timod Italio of Add			<b></b>	_				
			Bigfork	599	911			
Title			Date					
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction						
ACCEPTED A	ND APPROVED FOR		ENT OF PUBLIC II	NSTRUCTION	BY:			
Арј	proved Rate for FY20	04	Date Approved					
			Signature					

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0310	5	Kalispell Elem		15 EL			
Proposed Restricte	ed Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and correc						
Signature of District	: Superintendent or B	oard Chairperson	Street Address o				
Printed Name of Aut	thorized Official		233 First Ave East City		Code		
			Kalispell	-	901		
Title			Date	1			
Send comp	leted form to: School Accounting an Office of Public Instru- PO Box 202501 Helena, MT 59620-28	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Ар	proved Rate for FY200	04	Date Approved				
			Signature				

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level			
0311	0311 5 Flathead H S			15	HS			
Proposed Restricte	d Indirect Cost Rate <sub>-</sub>	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)			
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be eturned upon approval of your rate.							
This is to certify that I knowledge and belief	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.							
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	going is true and corre		04	- D O D				
Signature of District	Superintendent or B	oard Chairperson	Street Address o 233 First Ave East					
Printed Name of Aut	horized Official		City		Code			
			Kalispell	59	901			
Title			Date					
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction						
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:			
Арј	proved Rate for FY20	04	Date Approved					
			Signature					

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0312	6	Columbia Falls Elem	1	15	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separat application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my		
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box				
Printed Name of Aut	horized Official		PO Box 1259  City  Zip Code				
Timed Name of Add	nonzea Omeiai		-	-	912		
Title			Columbia Falls <b>Date</b>		912		
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Арј	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0313	6	Columbia Falls H S		15	HS		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percer					a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my		
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
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	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box				
Printed Name of Aut	horized Official		PO Box 1259 City	<b>7</b> ir	Code		
			Columbia Falls	-	912		
Title			Date				
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR		ENT OF PUBLIC II	NSTRUCTION	BY:		
Арј	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0316	9	Creston Elem		15	EL		
Proposed Restricte	d Indirect Cost Rate <sub>-</sub>	% (Ro	und to nearest hundr	edth (X.XX%) c	f a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my		
allowable in accordan A-87, "Cost Principles	in this proposal to esta ce with the requiremer for State and Local Go he attached Predeterm	nts of the Federal awa overnments." Unallow	rd(s) to which they vable costs have be	apply and OM een adjusted ir	B Circular		
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box				
Printed Name of Aut	horized Official		4495 Montana 35  City Zip Code				
			Kalispell		901		
Title			Date				
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Арј	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0317	10	Cayuse Prairie Elem		15	EL		
Proposed Restricte	ed Indirect Cost Rate	% (Rd	ound to nearest hundr	edth (X.XX%) of	f a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewi	th and to the be	est of my		
allowable in accordar A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
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	going is true and correct Superintendent or B		Street Address o	r D O Boy			
Signature of District	Couperintendent of B	oard Chairperson					
Printed Name of Au	thorized Official		897 Lake Blaine Road  City  Zip Code				
			W-1:11	500	901		
Title			Kalispell  Date		901		
-							
Send comp	oleted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC I	NSTRUCTION	BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0320	15	Helena Flats Elem		15	EL		
Proposed Restricte	ed Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) of	a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
Printed Name of Aut	thorized Official		1000 Helena Flats City		Code		
Timed Hame of Au			Kalispell	-	901		
Title			Date				
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0323	20	Kila Elem		15	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewi	th and to the b	est of my		
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.							
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
Printed Name of Aut	borized Official		PO Box 40 City	711	o Code		
Printed Name of Aut	Horized Official		City	-			
Title			Kila Date	59	920		
Title			Date				
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0324	89	Smith Valley Elem		15	EL		
Proposed Restricte	ed Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my		
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
Printed Name of Aut	bharinad Official		600 Batavia Lane	7:.	- Codo		
Printed Name of Aut	inorized Official		City	ا کا ا	o Code		
			Kalispell	59	901		
Title			Date				
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-28	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level
0327	29	Somers Elem		15	EL
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)
	omplete and submit with submitted for the elem ral of your rate.				
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewi	th and to the b	est of my
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					B Circular
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre				
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box	
Printed Name of Aut	therized Official		PO Box 159 City	71.	o Code
Printed Name of Aut	inorized Official		City	-	
Title			Somers Date	59	932
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:
Ap	proved Rate for FY20	04	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level
0330	38	Bigfork Elem		15	EL
Proposed Restricte	ed Indirect Cost Rate _	% (Rc	ound to nearest hundr	edth (X.XX%) of	f a percent.)
	omplete and submit with submitted for the elem ral of your rate.				
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewi	th and to the bo	est of my
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					B Circular
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	going is true and corre				
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box	
Duinte d Name of Aust			PO Box 188	7:	0 - 1 -
Printed Name of Aut	inorized Official		City	Z1f	Code
			Bigfork	59	911
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0331	38	Bigfork H S		15	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
Printed Name of Aut	horized Official		PO Box 188  City  Zip Code			
Timed Name of Add			Bigfork	_	911	
Title			Date		2	
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED A	ND APPROVED FOR		ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0334	44	Whitefish Elem		15	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
	omplete and submit with submitted for the elemeral of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			600 East Second Street			
Printed Name of Aut	horized Official		City	Zip	o Code	
			Whitefish	59	937	
Title			Date			
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level
0335	44	Whitefish H S		15	HS
Proposed Restricte	d Indirect Cost Rate <sub>-</sub>	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)
	mplete and submit with submitted for the elem al of your rate.				
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					3 Circular
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre				
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box		
Printed Name of Aut	horized Official		600 East Second Street  City  Zip Code		
			Whitefish	_	937
Title			Date	<u> </u>	
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction			
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:
Арј	proved Rate for FY20	04	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0339	50	Evergreen Elem		15	EL	
Proposed Restricte	ed Indirect Cost Rate	% (Rd	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
	omplete and submit with submitted for the elem val of your rate.					
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	egoing is true and correct t Superintendent or B		Street Address o	r P O Box		
Oignature of District	t ouperintendent of b					
Printed Name of Au	thorized Official		18 West Evergreen Drive  City  Zip Code			
				-		
Title			Kalispell <b>Date</b>	59	901	
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0341	54	Marion Elem		15	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Rd	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					3 Circular	
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I declare that the fore	going is true and corre	ct.		D O D		
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box 205 Gopher Lane			
Printed Name of Aut	horized Official		City Zip Code			
			Marion	599	925	
Title			Date			
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арр	proved Rate for FY20	04	Date Approved			
			Signature			

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0342	58	Olney-Bissell Elem		15	EL	
Proposed Restricte	d Indirect Cost Rate _		und to nearest hundr	edth (X.XX%) o	f a percent.)	
	emplete and submit with submitted for the elem ral of your rate.					
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					B Circular	
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			5955 Farm To Ma			
Printed Name of Aut	horized Official		City	Zi	o Code	
			Whitefish	59	937	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
1184	1	West Valley Elem		15	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the bo	est of my	
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					B Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
Duinted Name of Aut	le e vime al Official		2290 Farm To Market Road			
Printed Name of Aut	norized Official		City	ZIÇ	Code	
			Kalispell	59	901	
Title			Date			
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level
1223	8	West Glacier Elem		15	EL
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)
	emplete and submit with submitted for the elem ral of your rate.				
This is to certify that I knowledge and belief	have reviewed the ind	rect cost rate proposa	al submitted herewit	th and to the be	est of my
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					3 Circular
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I declare that the fore	going is true and corre	ct.			
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box	
			PO Box 309		
Printed Name of Aut	horized Official		City	Zip	Code
			West Glacier	599	936
Title			Date	I	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:					
Арј	proved Rate for FY20	04	Date Approved		
			Signature		